



State of North Carolina  
Department of Environment and Natural Resources  
Division of Waste Management

CONSTRUCTION & DEMOLITION WASTE  
LANDFILL  
Facility Annual Report  
For the period of July 1, 2011-June 30, 2012

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Highlands Transfer Station Permit: 5704-CDLF-1993 ID: P0519

Facility Website (URL): maconnnc.org

Physical Address	Mailing Address
Street 1: <u>1080 Rich Gap Rd.</u>	Street 1: <u>109 Sierra Dr</u>
Street 2: _____	Street 2: _____
City: <u>Highlands</u> County: <u>Macon</u>	City: <u>Franklin</u>
State: <u>North Carolina</u> Zip: <u>28741</u>	State: <u>North Carolina</u> Zip: <u>28734</u>

  

Primary Facility Contact Person	Billing Contact Person
Name: <u>Tommy Keener</u>	Name: _____
Phone: <u>(828) 526-2073</u> Fax: <u>(828) 526-2073</u>	Phone: _____ Fax: <b>RECEIVED</b>
Email: _____	Email: _____

JUL 20 2012

SOLID WASTE SECTION  
ASHEVILLE REGIONAL OFFICE

1. Tipping Fee: \$0.00 \_\_\_\_\_ per Ton (Attach a schedule of tipping fees if appropriate.)

2. Does the tip fee above include the \$2.00 Solid Waste Tax? ☐ Yes ☐ No

3. What other activities occur at this facility? (check all that apply)

☐ Recycling/Reuse Collection ☐ Scrap Tire Collection ☐ White Goods Collection ☐ Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

☐ Paper \_\_\_\_\_ tons ☐ Fluorescent lightbulbs \_\_\_\_\_ tons ☐ Used oil/oil filters \_\_\_\_\_ tons ☐ Steel Cans \_\_\_\_\_ tons  
☐ Cardboard \_\_\_\_\_ tons ☐ PETE (#1) Plastic \_\_\_\_\_ tons ☐ Aluminum Cans \_\_\_\_\_ tons ☐ Other Metal \_\_\_\_\_ tons  
☐ Wood \_\_\_\_\_ tons ☐ HDPE (#2) Plastic \_\_\_\_\_ tons ☐ Computer Equipment \_\_\_\_\_ tons ☐ Televisions \_\_\_\_\_ tons  
☐ Glass \_\_\_\_\_ tons ☐ Concrete/rubble/asphalt \_\_\_\_\_ tons ☐ Gypsum/drywall \_\_\_\_\_ tons ☐ Other Plastic \_\_\_\_\_ tons  
☐ Shingles \_\_\_\_\_ tons ☐ Other (specify) \_\_\_\_\_

**Airspace (Capacity):** Questions in this section relate to all cells/units of the C&D facility operated under the current 4-digit permit number regardless of whether the cells/units are closed or are not contiguous at the time of this report. Tonnage questions must be based on scale records and cover the period between the opening date and the date of the last survey unless another time period is approved. Airspace measurements include weekly, intermediate and final cover.

4. Date Facility Last Surveyed: \_\_\_\_\_

5. Airspace Used (cubic yards): \_\_\_\_\_

6. Total Tons Disposed in Airspace Used (tons): \_\_\_\_\_

7. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: Jun 30, 2008

[illegible]

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9. Are there SWANA or other certified operator(s) at this facility? ☐ Yes ☐ No  
If yes, indicate the following:

Name: _____	Certification type and expiration date: _____
Name: _____	Certification type and expiration date: _____
Name: _____	Certification type and expiration date: _____
Name: _____	Certification type and expiration date: _____
Name: _____	Certification type and expiration date: _____

10. Comments, suggestions or notes:

Landfill has been out of use for four years

**REMINDER:** According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

Troy Harrison  
2090 US Highway 70  
Swannanoa, NC 28778  
phone: 828.296.4701 email: Troy.Harrison@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: \_\_\_\_\_

Date: Jul 17, 2012

Name: June Cassada

Title: Business Mgr.

Phone Number: (828) 349-2215

Email: jcassada@maconnc.org

Facility Name: Highlands Transfer Station Permit: 5704-CDLF-1993

Address: 1080 Rich Gap Rd.

City: Highlands State: North Carolina Zip: 28741

Person completing Assessment: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Instructions:** Please indicate either *Yes* or *No* for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the *Edge of Waste* (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.

**Receptors**

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? ☐ Yes ☐ No  
 If Yes, how many? \_\_\_\_\_  
 What are the three closest distances from the *Edge of Waste*? \_\_\_\_\_ Feet \_\_\_\_\_ Feet \_\_\_\_\_ Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☐ No  
 If Yes, how many? \_\_\_\_\_  
 What are the three closest distances from the *Edge of Waste*? \_\_\_\_\_ Feet \_\_\_\_\_ Feet \_\_\_\_\_ Feet
3. Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☐ No  
 If Yes, how many? \_\_\_\_\_  
 What are the three closest distances from the *Edge of Waste*? \_\_\_\_\_ Feet \_\_\_\_\_ Feet \_\_\_\_\_ Feet
4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? ☐ Yes ☐ No  
 If Yes, how many? \_\_\_\_\_  
 What are the three closest distances from the *Edge of Waste*? \_\_\_\_\_ Feet \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 Please list the names of the water bodies: \_\_\_\_\_
5. Is Public Water Available Within 1,500 feet of the Edge of Waste? ☐ Yes ☐ No  
 If Yes, how many of the Residential Dwellings noted above are connected? \_\_\_\_\_

**Corrective Measures**

6. Is there an active methane extraction system (blower, flare, etc.)? ☐ Yes ☐ No
7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? ☐ Yes ☐ No
8. Is there groundwater remediation taking place on site? ☐ Yes ☐ No  
 If Yes, what is the specific remedial technology used? \_\_\_\_\_

**Comments**